TREATMENT OF SOAP POISONING IN A DOG BY GASTRIC LAVAGE

M.N. Asi, M. Saqib, A. Shakoor, M. Athar and G. Muhammad Department of Clinical Medicine and Surgery, Faculty of Veterinary Science, University of Agriculture, Faisalabad-38040, Pakistan

Keywords: Dog, poisoning, gastric lavage

A six month old male bullterrier dog weighing about 8 kg was rushed to the outdoor clinics of the Department of Clinical Medicine and Surgery half an hour after ingestion of a half a cake of Rexona soap (a brand of green coloured bathing soap). When presented, the animal was occasionally retching without any productive vomitus. All other parameters (temperature, pulse, respiration and demeanor etc) were still normal. Since the animal had ingested soap just half an hour ago, it was reasoned that ingested material would still present in the stomach. As such it was decided to treat the animal by lavaging the stomach (Wingfield, 1997). To this end the animal was lightly sedated by IM administration of 1 ml Ketamie HCl (Calypsol-Gedeon Richter, Hungary; 50 mg/ml). Stomach tube of size 16 Fr was lubricated with liquid paraffin. The upper jaw upward and lower jaw of the animals were held open by the help of a cotton bandage pulling the upper jaw upward and lower jaw downward. A surgical silk spool with a central hole of sufficient diameter to allow passage of stomach tube was placed in the space between the canine teeth. This spool did not remain fixed in the mouth due to movements of animal and it frequently fell out of the mouth. Failing this it was decided to pass the stomach tube directly into the gullet with out first passing it through the spool. On first attempt it entered into the trachea which was recognized by the out coming gurgling noises and voiding of gases at the operator's end of the stomach tube. Nothing was voided. It was taken out and a second attempt was made to pass the tube into stomach through the gullet slowly and gently.

This time it entered the stomach which was indicated by gushing out of the greenish frothy stomach contents containing small chunks of greenish soap.

Stomach contents were aspirated by creating negative pressure with the help of a 50 ml syringe attached to the operator's end of stomach tube.

A 50 mL quantity of normal saline was pumped into the stomach with the help of attached syringe which was then aspirated. This procedure was repeated several times untill about 200 mL of normal saline had been infused into the stomach and aspirated. The color of stomach contents fainted and chunks (crunms of soap) decreased in number with each successive aspiration. The tube was then withdrawn. The owner was advised to stop feeding solid food for next 12 hours to facilitate the voiding of the residual material along with the feces. To help accelerate this voiding, liquid paraffin (10 ml) was given PO. The animal recovered uneventlyfuly next day. The procedure of gastric lavage as described above is fairly consistent with the description of this procedure given by Armistead (1959), Kirk and Bistner (1981).

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